



# HEALTH PROFILE: INDIA

## HIV/AIDS

Estimated Number of Adults and Children Living with HIV/AIDS (end 2003)	5.1 million
Total Population (2004)	1.081 billion
Adult HIV Prevalence (end 2003)	0.9%
HIV-I Seroprevalence in Urban Areas	
Population most at risk (i.e., sex workers and clients, patients seeking treatment for sexually transmitted infections, or others with known risk factors)	4.8%–52.3%
Population least at risk (i.e., pregnant women, blood donors, or others with no known risk factors)	0.1%–3.5%

Sources: UNAIDS, U.S. Census Bureau

Although the overall adult HIV prevalence is said to still be less than 1%, the number of people living with HIV/AIDS continued to climb steadily, to approximately 5.1 million at the end of 2003, according to the Joint United Nations Program on HIV/AIDS (UNAIDS). Because India's population is so large, a small, 0.1% increase in prevalence translates to 500,000 more people living with HIV. According to UNAIDS, India now ranks just behind South Africa in the overall number of individuals who are living with HIV/AIDS.

It is difficult to determine the number of people living with HIV/AIDS in India. Prevalence estimates are based primarily on sentinel surveillance conducted at public sites, but the private sector provides 80% of India's health care, and a national information system to collect HIV testing information from the private sector is weak.

Annual HIV sentinel surveillance surveys began in 1998, and six rounds of studies have been conducted at antenatal clinics thus far. The data from these studies show that HIV prevalence among pregnant women has remained steady. Data on the populations most at risk for HIV infection (i.e., injecting drug users, men who sex with men, and women in prostitution) is currently inadequate. HIV prevalence among these subpopulations may be quite high, and data to project trends remain largely unavailable. Large-scale migration contributes to the spread of the epidemic and the lack of data on prevalence.

HIV/AIDS is present throughout India, but there is substantial variation in prevalence across the nation. The epidemic has become generalized (i.e., HIV/AIDS is firmly established in the general population) in six states (four in the south: Andhra Pradesh, Karnataka, Maharashtra, and Tamil Nadu; two in the northeast: Manipur and Nagaland), where HIV prevalence is greater than 1% among pregnant women. These six states account for nearly 80% of all reported AIDS cases in India. In the four southern states, heterosexual transmission accounts for the majority of reported cases of HIV, whereas in the smaller northeastern states, injecting drug use appears to be the primary mode of transmission. Prevalence among those who inject drugs in Manipur and Nagaland was 24.4% and 13.86%, respectively, in 2003. (Source: National AIDS Control Organization State Wise HIV Prevalence 1998–2003)

Other states of India are highly vulnerable and in many of these states, there is insufficient data on which to make any conclusions.

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against the epidemic is mired by a lack of consensus on the extent of the epidemic and the means to address sexuality in positive and realistic ways.

## **NATIONAL RESPONSE**

India launched a national AIDS control program in 1992 to oversee activities associated with HIV surveillance, to screen blood and blood products, and to initiate a public health education campaign. The National AIDS Control Organization (NACO) was established in 1992; NACO carries out India's national AIDS program, which is charged with formulating policy and overseeing HIV prevention and control projects. In 1992, India also implemented a strategic plan for HIV prevention under the National AIDS Control Project (NACP). As part of the project, organizations were established throughout India to monitor and oversee the HIV/AIDS epidemic.

The large number of major languages and hundreds of dialects spoken throughout India impede the ability to carry out an adequate prevention campaign from a national perspective. NACO expanded its prevention campaign in the 1999–2004 period by providing funds to state AIDS control offices for specific activities aimed at blood safety, HIV counseling and testing, and social mobilization.

In a 2001 address to Parliament, Prime Minister Vajpayee referred to HIV/AIDS as one of the most serious health challenges facing India, but many observers questioned the government's commitment to fighting the epidemic. Many believe that the Government of India's allocation for HIV/AIDS is inadequate. The government was also criticized for implementing unfocused HIV/AIDS programs, and it was maligned for maintaining its stance that the epidemic was limited to vulnerable populations such as women in prostitution, injecting drug users, and long-distance truck drivers.

In 2004, Mr. Manmohan Singh was elected Prime Minister, and his government is believed to be taking a more aggressive stance toward the epidemic. India's budget for HIV/AIDS activities nearly doubled in 2005–2006, to \$120 million. High-level support for HIV has been constantly growing. The Prime Minister has established and will head the National AIDS Council

Awareness of HIV/AIDS and HIV transmission is generally quite low. In some areas, 60% of women in India have never heard of AIDS, and it is likely that more than 90% of people living with HIV/AIDS do not know they are infected. Gender inequalities and stigma against people living with HIV are common. Open discussion of sexuality and risk of infection is rare.

Of the estimated 5.1 million people living with HIV/AIDS, 600,000 need antiretroviral therapy, but as of March 2005, only 7,000 adults were receiving such treatment through the government program. Estimates of people on treatment in the private sector, the military, or employees insurance range from 20,000. A large and growing concern is the number of people living with tuberculosis (TB). HIV-TB coinfection is becoming a serious public health challenge.

Stigma and discrimination are severe hindrances to controlling the HIV/AIDS epidemic. AIDS is considered a disease that affects only those people who live at the edge of society and whose life styles are considered unorthodox. Partly because of this discrimination, good practices within the public and private health care systems are inadequate. Negative attitudes from health care staff have generated anxiety and fear among many people living with HIV/AIDS, and as a result, many Indians tell no one of their HIV status, further insulating themselves from care-seeking and treatment. Compounding the problem, many Indians in positions of power refuse to accept the threat of HIV/AIDS, and as the number of people with HIV infection grows, the battle

with the participation of more than 30 cabinet ministers. The National AIDS Control Director General is dynamic and is scaling up the program. The government is currently planning for NACP 3, which will address current gaps and further decentralize the response to other states; it is scheduled to begin in 2006.

In the past year, India has scaled up efforts to implement the HIV portion of the grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). India has received awards from all four rounds of the GFATM valued at over \$400 million. Round 2 provides funds for drugs for prevention of mother-to-child transmission, and these funds are currently being disbursed. Round 4 will also provide funds for antiretroviral drugs. Round 4 has public and private sector components. The private sector component is for prevention and has been signed; the government proposal is for antiretroviral drugs and should be signed shortly.

## USAID SUPPORT

The United States Agency for International Development (USAID) allocated \$16.1 million for HIV/AIDS prevention and control programs in India for Fiscal Year 2005. Historically, USAID/India's primary objective has been to focus on HIV prevention and containment of the epidemic. Because of India's size, USAID has focused on the states with the highest adult HIV prevalence. The goal is to stabilize or even reduce HIV transmission by focusing on behavior change among vulnerable populations and by curtailing the spread of the epidemic to low-risk and rural populations. In 2004, USAID began to scale up care and support activities.

The current USAID strategy, which runs through 2007, builds on previous successes and lessons learned and has three goals:

- Increased access to HIV prevention services in selected states
- Increased access to community-based care and support in selected states
- An improved enabling environment related to HIV/AIDS in selected states

In Maharashtra, Tamil Nadu, and Pondicherry, USAID provides financial and technical assistance to develop the capacity of nongovernmental organizations to conduct HIV/AIDS activities. USAID has developed a model for public-private-sector cooperation in Tamil Nadu that can be replicated in other states. Major activities have included raising awareness, behavior change communication, condom promotion, treatment for sexually transmitted infections, and surveillance. More recently, USAID has started working on care and support activities, including scaling up HIV counseling and testing services. USAID employs the ABC approach (**A**bstinence, **B**e faithful, and, as appropriate, correct and consistent use of **C**ondoms) to preventing HIV. Slum interventions with youth promote delaying sexual debut, and help-lines promote abstinence as well as fidelity. Interventions with vulnerable populations promote partner reduction. A decade of USAID work in India is paying off. Targeted interventions with vulnerable populations proved to be an appropriate strategy, and behaviors in these populations are improving. HIV prevalence in Tamil Nadu is declining. It has been less than 1% for the past three years (0.65% in 2004), which means that prevalence has been cut in half since 1999.

The populations benefiting from USAID assistance include:

- People in prostitution and their clients
- Clients who seek treatment for a sexually transmitted infection
- Women of reproductive age
- Youth
- Long-distance truck drivers
- Slum populations

- Families living with and affected by HIV/AIDS
- Persons in the workplace

In addition to the state-level projects, USAID provides support through international nongovernmental organizations to address AIDS in the workplace; issues related to orphans and vulnerable children; prevention activities in and around India's ports; and research and development of new products for diagnosis of HIV and sexually transmitted infections.

Family Health International has used USAID funding to expand from six to more than 20 projects for children affected by AIDS. Other projects include support programs for injecting drug users, men who have sex with men, and people living with HIV/AIDS. Two projects have been developed with NACO on migration and injecting drug use in India's northeastern states. A needs and opportunity assessment was completed to implement an expanded response to the epidemic in a district in Tamil Nadu. A life-skills toolkit for children affected by AIDS, protocols for counseling and HIV testing, and behavior change communication strategies for children affected by AIDS have also been developed.

The interventions at ports through USAID grantee Populations Services International have shown progress: an additional 12 HIV counseling and testing centers in different ports cities have opened; and HIV/AIDS telephone help-lines were established in Mumbai, Vizag, Kolkata, and Chennai. Condoms are now available in 8,000 retail outlets. An HIV/AIDS workplace policy for port workers has been drafted and is awaiting approval by the Government of India. A remarkably popular mass media campaign implemented in Mumbai is now being replicated in Andhra Pradesh and Tamil Nadu.

USAID has contributed to important policy developments, including support to the development of an HIV/AIDS workplace policy for the Mission, an HIV/AIDS policy for the Catholic Church, and a state-specific HIV/AIDS plan for Uttar Pradesh.

## **IMPORTANT LINKS AND CONTACTS**

USAID/India, U.S. Embassy, Chanakypuri, New Delhi, India 110 021

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<http://www.usaid.gov/in/>

USAID HIV/AIDS Website, India:

[http://www.usaid.gov/our\\_work/global\\_health/aids/Countries/ane/india.html](http://www.usaid.gov/our_work/global_health/aids/Countries/ane/india.html)

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